

# PARO'S GUIDE FOR PROGRAM ADMINISTRATORS

PARO

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Residents in your program and PARO understand and appreciate the important role you play. PARO can help support you in your role with helpful tips and practical advice.

We recognize that Program Administrators have a significant impact on the culture within a program. This represents an important responsibility, as well as a huge opportunity to foster a positive environment for everyone who works and trains in the program. Many of PARO's Resident Advocate Award recipients are people like you – such is the value of your work in our training system.

In order to support and facilitate the work of Program Administrators, we have produced this guide with information related to the PARO-OTH Collective Agreement, scheduling advice and practical tips to assist you in carrying out your duties.

## CALL SCHEDULES

- All call schedules need to be supplied to residents and to the PARO office at least two weeks prior to the effective date of the call schedule.
    - **PARO Pearl:** Often, this is misinterpreted as being 2 weeks prior to a resident's first scheduled call/shift – however, it is actually prior to the effective date of the schedule itself.
- Timely release of call schedules is important for residents to plan their lives, and changes post-distribution should be avoided whenever possible. If circumstances require that changes be made after distribution, be sure to obtain the approval of any affected residents.
    - **PARO Pearl:** Residents are required to submit vacation requests 4 weeks before the proposed commencement of the vacation. Although residents can be encouraged to submit vacation requests earlier than 4 weeks, they cannot be required to. Requests that are made with 4 weeks notice must still be reviewed and responded to after the schedule has been released.
- Each resident is entitled to 2 complete weekends off (which includes Friday night) for each 28-day period/per month. For home call services, residents cannot be scheduled two weekends in a row.
    - **PARO Pearl:** If residents are required to round on a weekend, they still need to have 2 complete weekends off per month (where they are not on call or come in to round on patients).
- Unless otherwise agreed to by the affected resident, PARO, and the Program Director, residents should not be scheduled for consecutive periods of call. This provision applies to both in-house and home call.
    - **PARO Pearl:** On very light/non-intensive home call services residents are sometimes scheduled for consecutive home call. If the residents, PARO and the program are comfortable that this system works best, this type of scheduling is permissible provided that individual residents are entitled in accordance with the PARO-OTH Collective Agreement to not be scheduled for consecutive days if they prefer.
- Call maximums are based on total days ON service (vacation and other time away are deducted from total days on service before calculating maximum call).
    - **PARO Pearl:** If a resident takes a week of vacation (5 weekdays + 2 weekend days) while on a 28-day rotation, their total number of days on service should be counted as 21 days. Post-call days are not a day off, and should be included in the number of days on service.
- Maximum **in-house** call frequency is 1 in 4.

| Number of Days | Maximum Number of In-House Calls |
|---|---|
| 19-22 | 5 |
| 23-26 | 6 |
| 27-29 | 7 |
| 30-34 | 8 |
| 35-38 | 9 |

- If the rotation is >1 month, in-house call maximums can be averaged over the length of the rotation (maximum averaging length is 3 months) with a maximum of 9 calls in any given month.
- Maximum **home call** frequency is 1 in 3.

| Number of Days | Maximum Number of Home Calls |
|---|---|
| 17-19 | 6 |
| 20-22 | 7 |
| 23-25 | 8 |
| 26-28 | 9 |
| 29-30 | 10 |

- Home call cannot be averaged over multiple months.
- On some services, residents do a blend of in-house call (i.e. CTU "fly-in" call) and home call (i.e. for their primary service). In that case, the formula to calculate call maximums is as follows:
    - Blended home and in-house call formula: (Number of home call assignments) x 3 + (Number of in-house assignments) x 4 = maximum of 30 over a 28-day period
    - For example, a resident on rheumatology does 2 "fly-in" CTU calls and 5 home calls for the service in a 28-day block – this would be calculated as follows: 5 x 3 + 2 x 4 = 23 which is < 30, so this call load would be permitted.

## Home Call Conversion for Relief of Duties Post-Call:

- If a resident is scheduled for home call, they will be relieved of their duties the next day in either of the following situations:
    - The resident is called into the hospital to perform duties between the hours of midnight but before 6 am.
    - The resident is called into the hospital and performs duties for at least 4 consecutive hours with at least one hour of which extends past midnight.

## Onerous Home Call:

- Where a resident has identified that their home call was sufficiently intense, onerous or heavy, the program director, or the staff supervisor as designated by the program director may provide the resident with a post call day when requested by the resident.

## Home Call Taxi Reimbursement

- Residents on home call may be reimbursed up to $70 per month for taxi charges if:
    - The resident is on home call and can respond within the hospitals Medical Advisory Committee (MAC) approved response time.
    - The resident does not have a parking pass.
    - The resident is called in for clinical duties after 6 pm and before 6 am.

## Vacation

- Vacation requests must be submitted at least 4 weeks before the proposed start of the vacation.
- All vacation requests must be confirmed or an alternate time agreed to within two weeks of the request being made.
- If the request is denied, a reason must be provided in writing within two weeks of the request being made. If denied, an alternative time must be agreed to within two weeks of the original vacation request submission.
- A resident cannot be post-call the first day of a vacation.
- There cannot be any blanket policies restricting the amount of vacation time a resident can take on any one rotation - each request must be individually assessed.
    - **PARO Pearl:** Policies that state that residents must complete 75% of the rotation are blanket policies and thus are not allowable under the PARO-OTH Collective Agreement.
- Residents may request for their vacation to be taken in one (1) continuous period, in one or more segments of at least one (1) week in duration, or in segments of less than one week. The request shall be granted and can only be denied if professional and patient responsibilities cannot be met by the hospital.
- Once vacation is approved, it cannot be revoked.
- Where a resident has requested vacation, and the request has been denied due to professional and patient care responsibilities, or the resident has not been offered a reasonable alternative, and as a result the resident has been unable to take their annual vacation entitlement, the resident is entitled to carry over up to two weeks' vacation entitlement to the following year.

## Professional Leave

- In addition to vacation, residents are entitled to 7 working days per year of professional leave to use at their discretion. Residents are not required to provide proof of the use of these days.
- Subject only to operational requirements, residents can request not to be placed on call for 14 days prior to the CFPC or RCPSC certification exams.
- Subject only to operational requirements, residents can request for 7 consecutive days off during one of the four weeks preceding a CFPC or RCPSC certification exam. These 7 days are in addition to the 7 working days of professional leave.
    - **PARO Pearl:** A resident may choose to split the 7 days off between the oral and written components of the certification exam.
- Subject only to operational requirements and at the request of a resident, a resident will not be scheduled for call duties for a period of up to 10 days prior to an exam that is a required prerequisite to a CFPC or RCPSC certification examination.

## Exam Leave

- In addition to vacation and other leave, all residents are allowed time away from clinical duties in order to take any Canadian or American certification examinations, including reasonable travel time to and from the exam. Reasonable travel time is to be determined on a case-by-case basis, and should take into consideration factors such as the location the resident is writing and transportation options.
- This is a separate entitlement and is not subtracted from a resident's vacation or professional leave time.

## PARO Business

- It is outlined in the PARO-OTH Collective Agreement that time used for PARO obligations is protected, and programs are required to allow residents to attend meetings as long as patient care is not compromised.
- Residents who are PARO representatives do not need to use vacation or professional leave time to attend to PARO business.

***PARO-related activities must be considered as days on rotation as they are part of a resident's educational experience.***

## Sick Time

- Residents who are off work due to illness are not required to make up missed calls or shifts. If a resident is away from a rotation for an extended period of time due to illness or other extenuating circumstances, the Program Director should address this on a case-by-case basis in terms of meeting educational objectives of the rotation.

## Bereavement/Compassionate Leave

- The PARO-OTH Collective Agreement does not contain a specific provision for bereavement/compassionate leave. Programs have generally been very understanding with reasonable requests, recognizing that residents typically do not want to take more time than necessary and the amount of time needed will vary based on the circumstances.
- The program and resident should discuss the resident's individual circumstance, and work out the appropriate length of leave required. Typically, programs have provided residents time off without the use of vacation or professional leave days.

## Holidays and Lieu Days

- Over the 12-day period encompassing Christmas and New Year's Day, each resident will receive 5 consecutive days off. A post-call day cannot be counted as one of the days. Each resident will have either Christmas or New Year's Day off.
- Programs determine for each resident when the 5 consecutive days for the holiday period will take place.
- There are no additional lieu days accrued for working Christmas Day, Boxing Day or New Year's Day.
    - **PARO PEARL:** Call is to be prorated during the holiday block to reflect the three statutory holidays (Christmas Day, Boxing Day and New Year's Day).
- Residents are granted a lieu day (to be taken within 90 days of the holiday worked) if they work any part of the other statutory holidays provided in the Agreement:
    - Canada Day
    - Civic Holiday
    - Labour Day
    - Thanksgiving Day
    - Family Day
    - Easter Friday
    - Victoria Day
- Residents receive a lieu day if they are scheduled to work any part of the above statutory holidays – including if they were post-call, or on home call and were not called into the hospital.
- **PARO Pearl:** Residents are not required to take their lieu day on the same service in which they worked the statutory holiday. They may take it on any service, as long as it is within the 90 days.
- In addition to the above holidays, residents have one floating holiday to be taken at a time chosen by the resident.

## Religious Holidays/Accommodations

- Under the Ontario Human Rights Code employers have the duty to try and accommodate religious leave requests, to the point of undue hardship.
- The service should make every reasonable effort to not put the resident on call during any religious observance.
- Generally leave requests for religious holidays are negotiated on a case-by-case basis between the resident and the service.
- Generally, solutions **do not** require residents to use vacation or professional leave time to have the requested religious leave granted.

## Shift Work

- This applies to ER rotations, some ICU rotations, and other shift-based rotations.
- A resident can be scheduled for a maximum of 60 hours per week, which includes all program responsibilities (for example, scheduled work shifts, academic half-days, OSCEs or exams, SIM labs, etc.).
- A resident must have a minimum of 12 hours free of all scheduled clinical activities between shifts.
- When a resident is on a shift-based rotation (i.e. Emergency Medicine), and also has other clinical responsibilities (i.e. family medicine clinics) during the same week, the following call stipend rules are applicable:
    - Home call stipend if the shift does not extend beyond 11 pm
    - In-hospital call stipend if the shift extends beyond 11 pm

Example #1: A Family Medicine resident has a clinic from 8 am-1 pm, and then is expected to work an ER shift from 4 pm-midnight on the same day. In this situation the resident is entitled to the in-hospital call stipend for working the ER shift. If the ER shift is from 4 pm-11 pm then the resident is entitled to the home call stipend.

Example #2: A Family Medicine resident working a normal work week (Mon-Fri) is also engaged in clinical duties related to the Family Medicine rotation. The resident is scheduled for an Emerg shift on Saturday from 10 am-6 pm. As this Emerg shift is over and above the normal weekly clinical duties, the resident is entitled to a home call stipend, as the shift does not extend beyond 11 pm. If the Emerg shift was from 4 pm - midnight, the resident would be entitled to the in-hospital call stipend as the shift extends beyond 11 pm.

## Unexpected Emergency Situations

- Residents may be required to work up to three additional call periods over a six month period, but only if needed to replace a resident who is forced to miss scheduled call days due to:
    - short-term illness
    - vacation for ≥2 consecutive weeks
    - an absence in other circumstances beyond their control or in an emergency
- It should be noted that this is an emergency *clause*, and should not be relied upon in normal call scheduling.
- Volunteers must first be sought.
- If no volunteers are found, residents may be required to provide coverage if:
    - there is no breach of other call provisions
    - the resident is not subject to exceptional personal or family hardship
- PARO and the resident's Program Director must be informed within two weeks of this occurring.

## PGY1 Call Scheduling Recommendations:

- The PARO-OTH Collective Agreement includes recommendations designed to improve the transition of our incoming PGY1 members into taking solo overnight call during the first 4 weeks of their residency.
- As a best practice, many programs incorporate many of these recommendations to support PGY1s during the first few weeks of residency, and, by extension, to optimize their PGY1s' transition into residency. This allows new residents to build their confidence and this, in turn, builds the confidence of the team.
- The recommendations were created through a collaborative process between PARO, OTH, and representatives from COFM (Council of Ontario Faculties of Medicine) and subsequently negotiated into the PARO-OTH Collective Agreement. The implementation of these recommendations must still comply with the maximum duty hours stipulated in the PARO-OTH Agreement for all of our members, including for Chief and Senior residents.

### *What do these recommendations mean for you?*

- As a Program Administrator who is responsible for call scheduling, you can work with your program to champion these recommendations for incoming PGY1s. This work will help support them in their on-call duties during the first 4 weeks as they transition into their new role as residents. Every residency program may implement these recommendations differently, in order to support optimal transitions into the different clinical environments in which residents work and take on-call duties.

    - As a first step, you might work with the residents in your program to define what an optimal level of support might be during the first 4 weeks of PGY1. This can range from having extra senior support available in-house, to having staff increase their on-call support, to having PGY1s take on-call periods only until 11 pm.

    - **PARO Pearl:** At the end of the 4-week transition period, it will be helpful for PGY1s to meet with an education lead in their program to ensure they are confident and comfortable to take solo overnight call. Education leads may include the program director, site director or chief resident. As a Program Administrator, you may be well positioned to know which individual may be most appropriate and to assist in scheduling these meetings for residents in your program.

    - As always, PARO is here to support you with these recommendations. We are eager to work with you and your program on these important initiatives and optimize the transition into residency for all of our PGY1s.

## PREGNANCY & PARENTAL LEAVE

### Leave Time:

- All Ontarians are legally entitled to pregnancy and/or parental leave.
- Pregnancy leave applies to surrogate or birth parent and is 17 weeks.
- There are two options available for parental leave, standard or extended. Standard parental leave can be taken for a maximum of 35 weeks for a birth parent that also takes pregnancy leave, and 37 weeks for all new parents that do not take pregnancy leave (e.g. fathers or adoptive parents). Extended parental leave can be taken for a maximum of 61 weeks for those that also take pregnancy leave, or 63 weeks for those that do not take pregnancy leave.
- Residents must provide 4 weeks' written notice of their intended time of pregnancy and/or parental leave.
- Residents are not required to participate in on call duties after 27 weeks' gestation. This includes in-hospital, home call and back up call. Pregnant residents working on shift based rotations cannot be expected to work shifts past midnight after 27 weeks gestation. Based on their personal circumstances, a resident may be advised by their treating physician to cease call duties earlier than 27 weeks' gestation.
- The calculation of the maximum number of duty periods that a pregnant resident may work will not include the days that the resident is relieved from call duties.

### Employee Insurance Benefits:

- Eligible employees on pregnancy and/or parental leave are entitled to Employment Insurance (EI). Eligibility requirements can be found on www.servicecanada.gc.ca.
- Each family must serve a one-week unpaid waiting period before receiving EI benefits.
- Pregnancy leave benefits are provided for a maximum of 15 weeks.
- Standard Parental leave benefits are provided for a maximum of 35 weeks to be shared amongst the parents. The weekly benefit is 55% of the resident's average weekly insurable earnings to a maximum amount. When the second parent (non birth parent) takes a minimum of five weeks of parental leave, the parental benefit increases by up to five weeks for a total of 40 weeks.
- Extended parental benefits can be paid for a maximum of 61 weeks. The benefit rate is 33% of the resident's average weekly insurable earnings to a maximum amount. When the second parent (non-birth parent) takes a minimum of five weeks of parental leave, the parental benefit increases by up to eight weeks for a total of 69 weeks.

## Income Top-Up for Residents:

- The PARO-OTH Agreement provides an income top-up for residents that are on either pregnancy or parental leave and are in receipt of EI.
- The benefit is provided for a maximum of 27 weeks for parents who take pregnancy and parental leave (15 weeks pregnancy leave top-up + 12 weeks parental leave top-up).
- For residents on 'stand alone' parental leave (e.g. fathers, second parent, adoptive parents) the top-up is provided for 12 weeks.
- Top-up is to 84% of a resident's regular salary.

## Pregnancy or Parental Leave & Vacation:

- Residents who take pregnancy and parental leave accumulate vacation for the entire length of the leave (up to 52 weeks).
- Residents who take parental leave only (e.g. fathers, second parent or adoptive parents) accumulate vacation for the length of their leave up to 37 weeks.

## Pregnancy or Parental Leave & Vacation:

- If a resident is on leave at the end of one appointment year and the start of another, unused vacation prior to going on leave, and accumulated vacation while on leave, can be carried over to the new appointment year and taken immediately following the end of the leave, i.e. before the return to work.
- If an extension of training is required, their vacation entitlement will be pro-rated based on the length of the additional service time.

Once again, on behalf of PARO, we would like to thank you for all the work you do for residents.

Should you have any questions or need any additional assistance with respect to your duties and where PARO may be able to help, please do not hesitate to contact us at paro@paroteam.ca or at 416-979-1182 or toll free at 1-877-979-1183.